Cataract patients

580. SHRI C. PERUMAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the number of people affected by cataract disease leading to increase in blindness in our country;

(b) if so, whether Government proposes to launch, any national programme to control this disease;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Cataract is the leading cause of blindness contributing 63.5% in 50+population in the country. Due to the large population base and increased life expectancy, the number of blind, particularly due to senile disorders like Cataract, Glaucoma, Diabetic Retinopathy etc. is expected to further increase.

(b) to (d) A National Programme for Control of Blindness (NCPB) is being implemented in the country since 1976 as a 100% centrally sponsored programme with the goal of reducing the prevalence of blindness. The programme is committed to reduce the burden of avoidable blindness to o.3% by the year 2020 by adopting strategies advocated for Vision 2020: The Right to Sight.

Functioning of CGHS dispensary, Janakpuri

581. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the functioning of CGHS dispensary No. 61, Janakpuri is highly unsatisfactory and causing extreme hardship to the card holders as the availability of indent medicines takes six to ten days, the behaviour of CMO incharge and other staff is rude and the complaints received by CMO do not elicit any response;

(b) whether it is also a fact that the cleanliness of public conveniences for visitors is bad and there is no supervision from higher authorities; and

(c) if so, what steps are proposed to improve the functioning of this dispensary?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Occasional complaints have been received. To take care of such grievances Local Advisory Committees have been constituted in each dispensary comprising of the Chief Medical Officer in-charge as Chairman, Area Welfare officer and 2 members one each, from Pensioners' Welfare Association and Residents Welfare Association. These Committees examine such complaints once in a month and settle them at the Dispensary level itself, as far as possible.

Adequate quantities of medicines are available in the dispensary. If any medicines that has been prescribed by the authorized doctors is not available then it is indented on the individual prescription through the authorized local chemist and the given to the beneficiary on the next working day or at best on the 3rd day.

(b) and (c) Sufficient number of cleaning staff has been posted in the dispensary to take care of cleanliness. Dispensaries are also supervised by Senior Officers of Ministry/ Dte. GHS/CGHS on regular basis and action is initiated against erring officials if found wanting in the discharge of their duty.